

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
CONSUMER SERVICES SECTION
10777 MAIN STREET, SUITE 111

PHONE: (703) 246-2444 EXT. 6

FAIRFAX, VA 22030

FAX: (703) 385-9568

APPLICATION TO OPERATE A PRIVATE SCHOOL/CHILD CARE FACILITY

CHECK ONE:

NEW FACILITY _____

RENEWAL _____

Name of Facility _____

Facility Address _____

City/State/Zip _____

Owner of Facility _____ Phone _____

Owner's Address _____

City/State/Zip _____

Director of Facility _____ Phone _____

ENROLLMENT

of children who attend 4 hours or less daily _____ # in AM _____

in PM _____

of children who attend more than 4 hours daily _____

Total number of children enrolled in facility _____

Maximum enrollment allowed by: _____

Zoning _____ Special Permit # _____

Board of Supervisors _____ Special Exception Date _____

Age range of children: From _____ to _____

Hours facility operated: From _____ to _____

Days of operation: ___M ___T ___W ___Th ___F ___Sa ___Su

Water Supply: Public _____ Private _____

Sewage Supply Public _____ Private _____

Food Service: Lunches Served: ___Yes ___No Prepared on Premises: ___Yes ___No

(If catered, submit copy of food service contract)

Applicant's signature: _____ Date: _____

OFFICE USE ONLY

I have checked and verified the ownership listed above: Yes _____ No _____

MAXIMUM ENROLLMENT FACTORS – for new facilities

TOTAL SQ FT _____ + 20 = _____ (number of children)

TOTAL SETS OF TOILET FIXTURES _____ x 20 = _____ (OF CHILDREN)

Permit to read: _____

EHS SIGNATURE _____ DATE _____